FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB /	APPROVAĹ
OMB Number:	3235-0076
Expires Apri	130, 2008
Estimated avera	ge burden
hours per respon	nse: 16.00

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

14/15/79

Name of Offering (check if this is an amendment and no ASC Acquisition LLC Management		
Filing Under (Check box(es) that apply): Rule 504	☐ Rule 505 ☑ Rule 506 ☐ Se	ection 4(6)
Type of Filing: ☑ New Filing □ Amendment	Aug.	
	A. BASIC IDENTIFICATION DATA	SEP 0-4-2007
1. Enter the information requested about the issuer	-	351-0-4 2001
Name of Issuer (check if this is an amendment and na	ame has changed, and indicate change.)	
ASC Acquisition LLC		200
Address of Executive Offices	(Number and Street, City, State Zip Code)	Telephone Number (including Area Code)
301 Commerce Street, Suite 3300	, Fort Worth, Texas 76102	(817) 871- 4 000
Address of Principal Business Operations	(Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		PROCESSED
Brief Description of Business		7
Holding Company		SEP 0 6 2007
Type of Business Organization		HOMSON
	limited partnership, already formed limited partnership, to be formed	other (please specify): FINANCIAI
- Dusiness trust	minica partnersing, to be formed	Limited Liabilty Company
Actual or Estimated Date of Incorporation or Organization	Month Year 0 3 0 7	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	State:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner of the General Partner of the Issuer's Managing Member Full Name (Last name first, if individual) TPG Advisors V, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 **Executive Officer** Director ablaGeneral and/or Check Box(es) that Apply: □ Promoter Beneficial Owner Managing Partner of the Issuer's Managing Member Full Name (Last name first, if individual) TPG Genpar V, LP Business or Residence Address (Number and Street, City, State, Zip Code) 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 Check Box(es) that Apply: □ Promoter Beneficial Owner **Executive Officer** Director \blacksquare General and/or Managing Member of the Issuer Full Name (Last name first, if individual) TPG Partners V, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 Check Box(es) that Apply: □ Promoter □ Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Bonderman, David Business or Residence Address (Number and Street, City, State, Zip Code) 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 **Executive Officer** General and/or Check Box(es) that Apply: □ Promoter Beneficial Owner \square Director Managing Partner Full Name (Last name first, if individual) Coulter, James G. Business or Residence Address (Number and Street, City, State, Zip Code) 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 □ Promoter Beneficial Owner **Executive Officer** Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Viola, John E. Business or Residence Address (Number and Street, City, State, Zip Code) 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 Check Box(es) that Apply: □ Promoter □ Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Bode, Clive D. Business or Residence Address (Number and Street, City, State, Zip Code) 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Ekberg, Jeff Business or Residence Address (Number and Street, City, State, Zip Code) 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 General and/or **Executive Officer** □ Promoter □ Beneficial Owner Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Puckett, Doug Business or Residence Address (Number and Street, City, State, Zip Code) 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 Beneficial Owner **Executive Officer** Director General and/or Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Reese, S. Michelle (Number and Street, City, State, Zip Code) Business or Residence Address 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 **Executive Officer** Director П General and/or Check Box(es) that Apply: □ Promoter □ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Sisitsky, Todd Business or Residence Address (Number and Street, City, State, Zip Code) 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 Check Box(es) that Apply: □ Promoter □ Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Blank, Gregg Business or Residence Address (Number and Street, City, State, Zip Code) 301 Commerce Street, Suite 3300, Fort Worth, Texas 76102 General and/or Beneficial Owner □ Executive Officer Director Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: □ Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Business or Residence Address

				B. IN	FORMAT	ION ABO	UT OFFI	ERING				
1. Has ti	he issuer solo	l, or does th			to non-accre						Yes	No ☑
2. What	is the minim	um investm			• •	-					£ 05	
											\$ 25	,000
3. Does	the offering	permit joint	ownership	of a single	unit?						Yes ☑	No
comn If a pe or sta	the informanission or sinerson to be littes, list the naker or dealer,	nilar remund isted is an a name of the	eration for s ssociated pe broker or de	olicitation rson or age ealer. If mo	of purchase int of a brok ore than five	rs in connecter or dealer (5) person	ction with sa registered v s to be lister	ales of secu with the SE	rities in the C and/or wi	offering. th a state		
Full Nam	e (Last name	first, if ind	ividual)									
Not Ap	plicable											
	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of	Associated E	Broker or De	aler									
States in	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers				<u> </u>		
	"All States"								***************************************		🗆 А	ll States
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Business	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of	Associated E	Broker or De	ealer									
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Business	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)			•			
Name of	Associated E	Broker or De	ealer			<u> </u>					· · · · · · · · · · · · · · · · · · ·	
	Which Perso "All States"						.,	***************************************			🗖	All States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]

[TN] [TX] [UT] [VT] [VA] [WA] [WV]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity	s	0	\$	0
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$	0	S	0
	Partnership Interests	s	0	s	0
	Other (Specify Membership Units)	s –		\$	2,725,000
	Total	s		s .	
	Answer also in Appendix, Column 3, if filing under ULOE.	_			_,,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors.	_	20	\$	2,725,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			•	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of Security		Dollar Amount
	Type of Offering		Type of Security		Sold
	Rule 505	_	N/A	\$.	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504	_	N/A	\$	N/A
	Total		N/A	\$	N/A
s ii	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the ecurities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not nown, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$.	0
	Printing and Engraving Costs			\$.	0
	Legal Fees			\$.	0
	Accounting Fees			\$.	00
	Engineering Fees			\$.	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)		. 🗅	\$	0
	Total			s	0

	1 and total expenses furnished in respo	ggregate offering price given in response to Part onse to Part C - Question 4.a. This difference is	the "adjuste	:d		s _	1	12,150,000
5.	for each of the purposes shown. If the and check the box to the left of the	sted gross proceeds to the issuer used or propose e amount for any purpose is not known, furnish estimate. The total of the payments listed mu t forth in response to Part C - Question 4.b. abov	an estima est equal th	te	•	_		
					Payments to Officers, Directors, & Affiliates			Payments To Other
	Salaries and Fees		🗖	\$	0		\$_	0
	Purchase of real estate			\$	0		\$_	0
	Purchase, rental or leasing and installat	tion of machinery and equipment		\$	0		\$_	0
	Construction or leasing of plant buildir	ngs and facilities		\$	0		\$	0
		luding the value of securities involved in thi				-	-	
		ge for the assets or securities of another issue		\$	0		\$	0
	Repayment of indebtedness			\$	0		\$	0
	• •			\$	0		\$	12,150,000
						-	-	
			_ ₀	s	0		s	0
	Column Totals		_	s		 _	٠.	12,150,000
	Column Totals			٠.			*-	.2,:00,000
	Total Payments Listed (column totals a	dded)			\$	12,15	0,0	00
		D EDDERAL CICNA	THE					
		D. FEDERAL SIGNA	TUKE					
С	onstitutes an undertaking by the issuer to	be signed by the undersigned duly authorized to furnish to the U.S. Securities and Exchange Coor pursuant to paragraph (b)(2) of Rule 502.	person. If to ommission,	his n upor	otice is filed under R n written request of its	ule 505, staff, th	the f	ollowing signature ormation furnished
	ner (Print or Type)	Signature			Date			
AS	SC Acquisition LLC				8-30-7	דטמ		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				<u>- 1</u>		
CI	ive D. Bode	By: TPG Partners V, LP its By: TPG Genpar V, LP its By: TPG Advisors V, Inc	genera	ıl pa	artner,			

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).